

County Borough



of Huddersfield

ANNUAL REPORT

ON THE

SCHOOL HEALTH

SERVICE

FOR

1957.

R. G. DAVIES, M.D., D.P.H.

Principal School Medical Officer



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COUNTY BOROUGH OF HUDDERSFIELD.

Education Committee, 1957.

Chairman: Alderman J. L. DAWSON, M.A., J.P.

Councillor R. Wood, J.P. (The Mayor)	Councillor Mrs. M. L. Middlebrooke-Haigh
Alderman J. L. Dawson, M.A., J.P.	
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„ R. T. Hirst	Mrs. K. Coward, J.P.
„ K. Hoyle	Mrs. E. Ward
„ F. Lawton, J.P.	Mr. T. Joyce
	Mr. G. Lockwood

Councillor A. England Died 14.5.57

School Health Staff.**Principal School Medical Officer**R. G. DAVIES, M.D., D.P.H.
(Commenced duty 28/2/57)**Senior Assistant School Medical Officer :**

Euphemia T. Guild, M.B., Ch.B., D.P.H., (Commenced 1/4/57)

Assistant Medical Officers of Health/School Medical Officers :

Mary M. Herley, M.R.C.S., L.R.C.P., D.R.C.O.G., (Ceased duty 12/4/57)

John L. Evans, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.,
(Commenced 1/1/57).

Irene M. K. Ovenstone, M.B., Ch.B., D.P.H. (Commenced 2/9/57)

Dorothy B. Thomson, M.D., (Commenced 1/10/57).

as combined appointments.

Margaret M. Bodoano, M.B., Ch.B. (Commenced 1/10/57)

as combined appointments.

Consultants : (By arrangement with Leeds Regional Hospital Board)**Ophthalmic Surgeon (Part time) :**

William M. C. Gilmour, M.B., D.O.M.S.

Orthopaedic Surgeon (Part time) :

John Hunter Annan, M.B., F.R.C.S.

Ear, Nose and Throat Surgeon (Part time) :

William O. Lodge, F.R.C.S.

Skin Specialist (Part time) :

Alexander J. E. Barlow, M.D., M.R.C.S., L.R.C.P., Ch.B.

Psychiatrist (Part time) :

Irene Turgel, M.D.

Principal School Dental Officer :

Alexander B. Shields, L.D.S., R.F.P.S.

School Dental Officers (Full time)

Thomas H. Madden
Robert Whittam, L.D.S.

Dental Officers employed on a sessional basis :

Herbert Britton, L.D.S. (Commenced 29/7/57).

Educational Psychologist :

Dean F. Juniper, B.A.

Psychiatric Social Worker :

Roy Dillon, (Ceased 28/2/57).
Rosemary E. Reynolds, M.A. (Ed). (Commenced 23/9/57).

Speech Therapist (Part time) :

Franklin Brook, L.C.S.T. (Ceased 23/5/57).

Physiotherapist (Full time) :

Mrs. W. G. Ritchie, M.C.S.P., O.N.C.

Senior Health Visitor/School Nurse :

Miss M. Porritt.

Health Visitor/School Nurse :

Mrs. K. Abel, (Ceased 31/1/57).
Mrs. M. Bainbridge.
Miss N. Cannell.
Mrs. P. Hartley.
Miss M. Hood.
Miss P. Roebuck.
Mrs. M. Sutcliffe.
Mrs. C. M. Sutton. (Acting).
Mrs. V. Slater. (Trainee) (Commenced 8/7/57).

School Nurse/Clinic Nurse :

Miss E. O'Sullivan. (Full time). (Commenced 16/12/57).
Mrs. C. Fishburn. (Part time). (Commenced 11/2/57).
Mrs. R. E. Coull. (Part time). (Commenced 1/11/57).

School Nurse (Full time) :

Mrs. W. Wing. (Ceased 22/9/57).

Clerical Staff :

Mrs. E. A. Denney. (Re-commenced duty 14/1/57).
Mr. E. A. Lowe. (Ceased 12/1/57).
Miss R. M. Hammond.
Mrs. R. Hawkyard.
Mrs. N. Fountain.
Mrs. P. Gadd. (Dental Attendant Clerk).
Mrs. D. Beckwith. (Dental Attendant Clerk). (Ceased 31/3/57).
Miss D. Chillingsworth. (Dental Attendant Clerk). (Ceased 12/1/57).
Miss D. Horsley. (Dental Attendant Clerk). (Commenced 28/1/57).
Miss P. Williams. (Dental Attendant Clerk). (Commenced 1/6/57).
Mrs. D. M. Meade. (Child Guidance Clinic).

To the Chairman and Members of
THE EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the School Health Service for the year ended December 31st 1957. The statistical tables embodied in the Report have been prepared in the form approved by the Ministry of Education.

I commenced duties as Principal School Medical Officer on February 28th, 1957, the service having been without a Principal School Medical Officer since the departure of my predecessor in the previous December. At that time Dr. Guild was fulltime Assistant School Medical Officer and Dr. Evans, who had commenced duties in January 1957, was part School Medical Officer, part Maternity and Child Welfare Medical Officer. Two doctors were also employed on a sessional basis for school health duties. During the year Dr. Guild was promoted to the post of Senior Assistant School Medical Officer. Following this, by agreement between the Education and Health Committees, all the assistant medical officers working for the Corporation were designated as Assistant Medical Officers of Health/Assistant School Medical Officers. The vacancy then existing on the combined staff was filled by Dr. I. M. K. Ovenstone who commenced duties on 2/9/57.

The number of dental officers remains well below establishment but the position was eased somewhat during the year by the appointment of Mr. Britton, L.D.S., for three sessions a week.

Mrs. W. Wing, fulltime school nurse, resigned during the year for reasons of ill health. Although she had only been school nurse for a short time, Mrs. Wing had served the Corporation for nearly thirty years. It had previously been agreed by the Health and Education Committees that, as far as possible, nurses should be jointly employed, between the Health and School Health Service, as Health Visitor/School Nurses. Although it has been impossible to implement this fully because of the shortage of Health Visitors, new nurses now employed are employed in the combined capacity of school nurse/clinic nurse and, since the resignation of Mrs. Wing, all nurses now employed are employed in the dual capacity.

The Speech Therapist, Mr. Brook, ceased duties in May. In spite of repeated advertisements no successor to him has yet been found; this has meant that throughout the year from May there have been no speech difficulties treated through the School Health Service in the Borough. There is, of course, a countrywide shortage of speech therapists and it has been felt by many that recruitment is not likely to improve until salary is increased. Since January 1958 a new scale of salaries has been announced for speech therapists, but is it difficult to see how this can help for many years those areas finding difficulty in obtaining therapists. It is fairly easy to appreciate that, with an overall shortage, speech therapists may pick where they wish to work and few without some incentive such as local connections or family ties or other reasons, would choose to uproot themselves from their present position, possibly in the warmer south or in the bigger towns, in order to come to an industrial town in the colder north. For similar reasons newly qualified personnel would probably not be attracted to Huddersfield. In order to get over the difficulty of

inducing therapists to come into the area, the authority made efforts to arrange a scale of salaries for the position on the Burnham scale as for teachers but their efforts have so far been thwarted.

During the year there has been some change in the Child Guidance Clinic. The Psychiatric Social Worker left and has been replaced and at the end of the year the Educational Psychologist had resigned to take a similar position elsewhere.

The physiotherapy service has continued to expand during the year and before the end of the year a part time physiotherapist has been appointed.

The number of periodic inspections has increased slightly on that of the previous year; the number of other inspections increasing by over 1,250. The number of children found to require treatment showed a slight increase on the previous year, probably due to the extra number of children examined.

There was a slight increase over 1956 in the number of children found to be unclean. The number of children found to be infested with vermin is recorded as 1,655. This would represent approximately 10% of the pupils in the Borough as infested. This figure is probably far too high and has arisen because a child found infested and then cleaned may have been reinfested at home before the next inspection. This has meant that he has again been counted. By an alteration in administrative procedure it is hoped to make these figures more realistic.

Comments on the various tables and attendances at clinics are given in the body of the report. One new table introduced this year shows the number and percentage of children examined in the various groups who were found to have undergone tonsillectomy. Approximately $3\frac{1}{2}\%$ of girl entrants to primary school and 6% of boys (nearly double) were known to have had their tonsils removed. At the intermediate stage nearly 1 in 5 of the children were found to have undergone tonsillectomy. The number stayed much the same amongst leavers. There seemed to be a somewhat higher percentage amongst leavers at selective secondary schools than in other schools, but this may be accounted for by the fact that the children usually leave these schools at an older age.

One of the main single items treated at the school clinic was warts and verrucae. From this and other sources it is realised that plantar warts (verruca) give rise to a great deal of trouble to children, parents and teachers. Children can suffer quite an amount of pain from these lesions which often last quite a long time. Parents are at least inconvenienced by the need to obtain medical care or other treatment for their children over a long period. Teachers find children have to be repeatedly excused physical training and other similar lessons. Plantar warts are caused by a virus and are infectious. They may be contracted by walking barefoot over infected surfaces. Risk of infection can then be decreased by, wherever possible, not letting children run barefoot in places where they may be exposed to the risk of picking up the virus from the feet of other children.

There was an increase during the year in both the total attendance and average attendance per clinic at the orthopaedic clinic. The numbers for the physiotherapy clinic are the first numbers for a full year.

The outstanding feature of the cases seen at the physiotherapy clinic was the number of children with foot defects. These defects were particularly common in adolescent girls and in very many cases were probably due to wearing incorrect footwear. The number of boys with similar deformities was very small. Many girls who have perfect feet at their ten year old examination have severe deformities by the time they reach school leaving age, many of such a degree that they may eventually require operative treatment. The present day fashion of continued all day wear of shoes of a 'slip on' or 'casual' type, which must of necessity be too small so that they can stay on, or cause cramping of the toes to keep them on, can during these formative years cause hallux valgus, painful bunions and curling under of the toes, sometimes of such a degree that the nails are walked on. The two illustrations shown in the report are of two girls with lesser degrees of deformity than many. Foot deformities, in themselves bad, have other deleterious effects. They lead to postural and other defects. The amount of ultimate misery stored up in children's deformed feet must be very great and one feels that everything possible should be done to persuade adolescent girls to wear good sensible shoes. On talking to these girls, one hears all too often the word fashion mentioned. It is difficult to know who sets the fashion.

Retailers in shops have at various times said to members of school health staffs that they do not set the fashion—only cater for it. It may of course be fashion experts in press or on radio, films and television. If so it is to be hoped that sufficient realisation is given to the effect of such fashion. From an economic aspect only it is doubtful if in years hence the country can afford comparatively young, middle aged, and elderly women hobbling round on deformed feet. The strange fact is that the young girls of today, who would laugh at a whale bone corset of Victorian days, treats her feet in the same way as her great-great-grandmother treated her waist.

During the year a swimming class was arranged by the physiotherapist for children who had suffered from poliomyelitis and had residual paralysis. Some children showed very good progress and one child achieved a "Learners" Certificate for swimming.

During the year, probably the most widespread infectious disease amongst the general population and school children was influenza. 'Asian' influenza, as it was called, was forecast for some time before it arrived, its epidemiological course across the world having been fairly accurately tracked and forecast. It began to affect the school children in Huddersfield almost as soon as the autumn term commenced. School children were often the first persons infected. It appeared that the secondary schools were first affected and, in these, attendances at one time fell to nearly 50%. The peak period seemed to be about 21.9.57 when at one time nearly 5,000 children were absent from the various Huddersfield schools. Attacks were fortunately mild, although many grown ups and children felt very ill for 48 or so hours. Although after this time temperature and headache subsided there were often some residuary respiratory symptoms.

Dysentery has again occurred amongst school children although to a lesser extent than in the previous year. The disease is mild but, because of the long period over which the germ may be excreted, it

may create an administrative problem out of proportion to the severity of the complaint. It is often difficult to strike a fair balance between the effect on children's education and the possible effect on the other pupils of the infected child returning to school.

43 handicapped pupils of varying categories were ascertained during the year. The largest number ascertained in any one category was 31—educationally subnormal. The number of handicapped pupils now recorded with the school health service is 234 and of these 193 are at special schools. 10 children were notified under Sub Section 5 of the same section of the Act and their names subsequently notified to the Health Committee.

The report of the Principal School Dental Officer is slightly more encouraging this year. Extra staff has made it possible to carry out more inspections in schools and, for the first time for some years, these inspections were carried out in Selective Secondary Schools. A good standard of dental fitness was found amongst the children in the Selective Secondary Schools. It is felt that more and more parents and children in these schools are realising the value of good dental health as a contribution to good general health.

It is hoped in the future to survey the position amongst entrants to primary schools to find out the standard of dental fitness amongst this group.

With the possibility of a fall in the number of dental practitioners in the country as a whole, however, emphasis must be on the prevention of dental decay rather than any form of treatment however conservative. Until such time as some short cut is finally discovered and approved the best approach is by Dental Health Education and the various members of the school health service endeavour to bring about dental health education of children and parents wherever possible.

Maladjustment and delinquency in children is a subject much to the fore today. By definition, a child can only be maladjusted to the society in which it lives. When one examines some of the situations the modern child has to face, one wonders if the blame for maladjustment always lies with the child. The Child Guidance Clinic has dealt with 144 new cases of maladjusted children during the year. These cases have varied in form and severity from simple difficulties experienced by parents at home to cases of severe social maladjustment referred by the Courts. The Child Guidance Clinic works as a team, members of the team endeavouring to treat both the child and the home circumstances that might give rise to maladjustment. Often the home circumstances prove much more intractable and less amenable to improvement than the child at the clinic.

Health education at schools has remained on a similar level to previous years. Some talks are given by the Assistant School Medical Officers on health subjects but these are limited in number and scope. It is hoped these may be increased in range and subject in the future. One of the main subjects of 1957 was the question of smoking and lung cancer. Both the Health and Education Committees agree that information on this subject should be given to school children. Arrangements were in hand to give lectures in the autumn term but, because of the comparatively large amount of sickness, influenza, etc. amongst school children in that term, it was decided to wait for a more auspicious occasion.

In submitting this report, I would wish to express my thanks to all the staff of the School Health Service for their work throughout the year, to the Chief Education Officer for his co-operation and guidance and to his staff for their help. Finally, I would thank the Committee for their courtesy and encouragement extended to the 'new boy' on all possible occasions.

Yours faithfully,

R. G. DAVIES,

Principal School Medical Officer

HEALTH DEPARTMENT,

HUDDERSFIELD,

28.2.58

County Borough of Huddersfield.

MEDICAL INSPECTION
OF SCHOOL CHILDREN

ANNUAL REPORT for the Year 1957

SCHOOLS IN THE AREA.

Primary	...	...	43
Secondary Modern	...	...	8
Selective Secondary	...	...	5

THE SCHOOL HEALTH SERVICE IN RELATION TO
PRIMARY AND SECONDARY SCHOOLS.

Routine Examinations :—The following table shows the number of children examined during the year in the age groups subject to periodic medical inspection :—

PERIODIC MEDICAL INSPECTIONS.

Entrants (Primary Schools)	...	...	1517
Intermediates	...	...	2373
Leavers (Primary and Secondary Modern Schools)	...	...	1033
Leavers (Selective Secondary Schools)	...	...	773
Total	...	...	<hr/>5696 <hr/>

OTHER INSPECTIONS.

Number of Special Inspections	...	...	6927
Number of Re-inspections	...	...	1872
Total	...	...	<hr/>8799 <hr/>

FINDINGS OF MEDICAL INSPECTION

(a) PHYSICAL CONDITION. The classification of physical condition varies a little from 1956, more children being classified as Satisfactory. Out of the total of 5,696 children examined at medical inspection during the year, 5,680 were classified in the Satisfactory group and 16 in the Unsatisfactory group.

(b) UNCLEANLINESS. The percentage of children found to be unclean in 1957 shows a slight increase from that recorded for 1956. The figure for 1956 was 0.08 and for 1957 was 0.13. Two cases were reported to the Education Department for the attention of the Welfare Officers, or for further action during the year.

(c) MINOR AILMENTS AND DISEASES OF THE SKIN. Treatment of minor ailments is carried out at the school clinic, and a table showing the nature and number of defects dealt with is given later in the report. This table shows that out of 4,272 attendances, 1,947 were made by children suffering from minor skin diseases and 622 cases were dealt with during the year.

The following figures show the number of cases of skin diseases dealt with during 1957 compared with 1956 :—

	1956	1957
Ringworm : Head.....	3	—
Body.....	3	9
Scabies	8	7
Impetigo	88	76
Other Skin Diseases (Non-Tuberculosis)	585	530

The total number of attendances at the School Clinic was 4,272 compared with 4,777.

(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASES. The following figures show the number of cases of defective vision (excluding strabismus) found at medical inspection to require treatment during recent years :—

Year	Number
1953	590
1954	694
1955	766
1956	796
1957	845

The number of cases of external eye disease found at medical inspection to require treatment is shown by the following figures :—

	1956	1957
Blepharitis	3	4
Conjunctivitis	1	3
Corneal Opacities	—	—
Other Conditions (excluding defective vision and squint)	8	17
Total	12	24

(e) NOSE AND THROAT DEFECTS. The commonest defect of this kind was chronic tonsillitis. Cases found were as follows :—

					1956	1957
Chronic tonsillitis only	...	...	...	...	92	63
Adenoids...	...	...	...	...	6	2
Chronic tonsillitis and adenoids	...	...	...	...	12	12
Other conditions	...	...	...	...	21	22
Total					131	99

(f) EAR DISEASE AND DEFECTIVE HEARING. 58 cases of ear defects requiring treatment were found at medical inspection during the year. They were classified as follows :—

					1956	1957
Defective Hearing	...	...	...	...	18	27
Otitis Media	...	...	...	...	9	18
Other Conditions	...	...	...	...	9	13
Total					36	58

(g) DENTAL DEFECTS. The percentage of children referred for treatment on account of dental defects was 7%. Dental inspections are carried out at the schools by the Dental Officers as staffing permits.

(h) ORTHOPAEDIC AND POSTURAL DEFECTS. 382 cases of orthopaedic and postural defects requiring specialised treatment were found at medical inspection during the year, and 179 cases with minor degrees of deformity or malposture were referred for observation.

(i) HEART DISEASE. Two cases of organic heart disease and five insignificant cases were found during 1957.

(j) ANAEMIA. No cases of simple anaemia were found to require treatment during the year.

(k) TUBERCULOSIS. No tuberculosis cases were noted at the routine medical inspections held during 1957.

HEIGHTS AND WEIGHTS.

(Children aged 5, 10 and 14 years medically inspected during 1957.)

Age Years	Number examined		Average Weight lbs.		Average Height ins.	
	1947	1957	1947	1957	1947	1957
5 (Boys)	356	623 (807)	44.28	43.47 (42.54)	44.01	43.72 (43.87)
5 (Girls)	339	577 (738)	43.40	41.85 (41.33)	43.50	43.27 (43.59)
10 (Boys)	—	228 (174)	—	70.36 (70.97)	—	53.89 (54.30)
10 (Girls)	—	202 (191)	—	71.22 (71.04)	—	53.90 (53.81)
14 (Boys)	—	530 (525)	—	107.59 (109.11)	—	62.95 (63.16)
14 (Girls)	—	516 (501)	—	110.42 (109.91)	—	62.38 (62.07)

These figures show little change when compared with the previous year.

The five year old boys show a slight increase in weight. The ten year old boys show a very slight decrease in height. The fourteen year old boys show a slight decrease in height and weight, and the fourteen year old girls show a slight increase in height and weight.

The figures in brackets show the heights and weights for the previous year and the corresponding figures for ten years ago, where available, are given for comparison.

HEIGHT AND WEIGHT OF SCHOOL ENTRANTS (5 YEARS).

Year	B O Y S		G I R L S	
	Weight	Height	Weight	Height
1912	38.68	40.68	37.74	40.44
1929	41.53	43.32	40.53	42.72
1942	42.31	43.38	40.87	42.53
1947	44.28	44.01	43.40	43.50
1952	44.24	43.95	42.84	43.64
1957	43.47	43.72	41.85	43.27

NUMBER OF CHILDREN EXAMINED AT ROUTINE MEDICAL INSPECTION
DURING 1957 AND FOUND TO HAVE HAD TONSILLECTOMY

BOYS

Age Groups Inspected	Number examined	Tonsil- lectomy	Percent.
Entrants—Primary Schools	799	48	6.01
Intermediates	1196	229	19.15
Leavers —Primary and S.M.	519	90	17.34
Leavers —Selective Secondary	417	104	24.94

GIRLS

Age Groups Inspected	Number examined	Tonsil- lectomy	Percent.
Entrants—Primary Schools	718	27	3.76
Intermediates	1177	221	18.78
Leavers —Primary and S.M.	514	91	17.70
Leavers —Selective Secondary	356	65	18.26

This is the first occasion where this table has been included in the Annual Report and therefore it is impossible to make comparisons with previous years. Considerable interest has, however, been shown recently in the extent to which tonsillectomy has been carried out in the various sections of the community and it is hoped that perhaps the figures in future years might be interesting. For what one years' figures are worth, it will be noted that of children entering school, nearly twice as many boys had had their tonsils removed than girls. In leavers from Selective Secondary Schools the percent of children who had undergone tonsillectomy was higher than leavers in other schools. This was particularly so in the case of boys.

FOLLOWING UP

During the year the School Nurses paid 129 visits to homes of children and 715 visits to schools compared with 1,210 visits to homes and 719 visits to schools in the previous year. During the past year "follow up" visits were paid only to those cases which in the opinion of the School Medical Officer really needed them. The following table is a summary of their work :—

NUMBER OF DEFECTS FOLLOWED-UP
BY SCHOOL NURSES.

<i>Defect.</i>	<i>No.</i>	<i>Defect.</i>	<i>No.</i>
MALNUTRITION	—	HEART CONDITION—	
UNCLEANLINESS—		Organic	1
Head	164	Insignificant	—
Body	1	ANAEMIA	—
SKIN—		LUNGS—	
Abrasions and Superficial		Bronchitis	—
Lacerations	1	Other (Non-T.B.)	—
Skin diseases	76	TUBERCULOSIS—	
including Impetigo	1	Pulmonary	—
Ringworm—Head	—	Non-Pulmonary—Bones and	
Body	—	Joints	1
EYE—		NERVOUS SYSTEM—	
Blepharitis	—	Epilepsy	2
Conjunctivitis	—	Chorea	—
Corneal opacities	1	Other Conditions	3
Defective Vision	31	DEFORMITIES	2
Squint	6	including Spinal Curvature ..	—
Other Conditions	4	INFECTIOUS DISEASES—	
EAR—		Influenza	11
Defective Hearing	3	Measles	3
Otitis Media	—	Scarlet Fever... ..	6
Other Conditions	1	OTHER DEFECTS AND DISEASES	36
NOSE AND THROAT—			
Enlarged Tonsils	3		
Enlarged Tonsils and Ade-			
noids	2		
Other Conditions	6		
GOITRE	—		
ENLARGED CERVICAL GLANDS	—		
DEFECTIVE SPEECH	—		
DEFECTIVE TEETH	2		
		Total ...	366

ARRANGEMENTS FOR TREATMENT.

Treatment is carried out at the following School Health Service Clinics, all of which are held at Central Clinic premises in Ramsden Street, Huddersfield, with the exception of the Child Guidance Clinic, "The Headlands," Clare Hill, Huddersfield, where the Speech Clinic is also held. The number of sessions held are included in the data dealing with individual clinics.

Child Guidance Clinic.	Physiotherapy Clinic.
Dental Clinic.	School Clinic
Ear, Nose and Throat Clinic.	Skin Clinic.
Ophthalmic Clinic.	Speech Clinic.
Orthopaedic Clinic.	Ultra Violet Light Clinic.

The following tables show the number of cases dealt with and the number of attendances at these Clinics. Reports on the Child Guidance Clinic and the Dental Clinics will be found at the end of this Report.

PHYSIOTHERAPY CLINIC

Number of Clinics held ... 395

Cause of Defect	On treatment at beginning of year	New Cases	Cause			No. discontinued during year	Total Attendances
			Orthopaedic Clinic	RMI.	Other		
CONGENITAL :							
Club Feet ...	4	10	8	—	2	4	283
Cerebral Palsy ...	4	3	2	1	—	4	58
Spina Bifida ...	1	4	4	—	—	2	55
Undifferentiated ...	16	17	17	—	—	21	283
ACQUIRED CONDITIONS :							
A.P.M. ...	5	8	8	—	—	4	195
Other paresis of limbs ...	1	1	1	—	—	2	6
Chest Conditions ...	7	52	5	36	11	31	550
Postural Deformities							
Curly Toes ...	25	73	35	22	16	54	899
Hallux Valgus ...	13	107	18	82	7	85	908
Pes Cavus ...	6	13	10	2	1	5	344
Pes Planus ...	47	149	70	60	19	95	1748
Posture ...	12	43	9	33	1	37	568
Kyphosis ...	1	4	3	1	—	4	19
Genu Valgun ...	5	15	9	2	4	11	116
Genu Varum ...	1	3	3	—	—	2	33
Birth Injury :							
Torticollis ...	—	1	1	—	—	—	7
Other ...	1	—	—	—	—	1	2
Perthe's Disease ...	1	2	2	—	—	2	7
Osteochondritis ...	—	1	1	—	—	—	9
Accident ...	2	4	3	—	1	6	17
Other ...	8	15	8	4	3	20	226
Ultra Violet Light Treatment	—	1	—	—	1	—	6
TOTALS ...	160	526	217	243	66	390	6339
AVERAGE ATTENDANCE PER CLINIC ...	0.41	1.33	0.55	0.62	0.17	0.99	16.05

During 1957 the number of children referred for physiotherapy increased so rapidly that by Easter the number awaiting treatment had increased to 120 and at the end of the year some children had been twelve months on the waiting list. This situation will be helped by the appointment of a part-time Physiotherapist who is to start in February, 1958.

Of the 526 new cases (in addition to the 120 still on the waiting list at the year end), 500 children were referred suffering from foot complaints such as Hallux Valgus, Cavus, Flat Foot and Curly toes. Many of these had quite severe and ugly deformities, especially those with Hallux Valgus of which there were 139, but many more were combined with other foot complaints. The pres-

ent day fashion of wearing 'slip-on and casual' shoes, which must of necessity be too small for the wearer to be able to keep them on, cramps up the toes, causing Hallux Valgus, painful bunions and curling under of the toes, to such a degree that the nails are walked on. Many girls who had perfect feet at their ten-year old medical examination had severe deformities by the time they reached school leaving age; many will ultimately require an operation.

At one Secondary School, 48 pupils were referred with foot deformities and 33 of these had Hallux Valgus. Only two were boys and their foot complaints were not caused by incorrect shoes. In fact only two boys out of all those children referred throughout the Borough had deformities due to inadequate footwear as against innumerable girls. At this same school, in a class of fourteen year old girls, only four out of sixteen were wearing correct lacing shoes.

Some of the children are now taken swimming each week at Cambridge Road Baths, and one sufferer from A.P.M. received her "Learner's" Certificate from His Worship the Mayor, having swum a length after only eight visits to the Baths. Others are progressing rapidly in spite of severe paralysis.

PLATE I.



14 year old girl showing hallux valgus and crowding of the toes. This girl had worn 'casual' type of shoes for some years.

PLATE II.



14 year old girl showing hallux valgus and commencing bunion. This girl had worn 'casual' shoes of the type shown for about 1 year.

SCHOOL CLINIC.

Number of Clinics held 302

Defect or Disease	New Cases	No of these referred from S.M.I.	Total Attendances	Referred elsewhere for treatment.
UNCLEANLINESS	188	—	500	—
SKIN—Athletes Foot	20	3	63	—
Boils and Abscesses	40	—	82	6
Eczema	6	—	9	—
Impetigo	76	—	243	2
Psoriasis	1	—	1	—
Ringworm—Head	—	—	—	—
Body	9	1	13	1
Scabies	7	—	8	1
Urticaria	15	—	18	—
Warts and Verrucae	145	20	842	4
Other (Non T.B.)	303	6	668	28
Minor Injuries	196	—	316	67
EYE—Blepharitis	8	1	11	—
Conjunctivitis	19	1	34	1
Defective Vision	56	2	58	9
Squint	9	—	9	3
Other Conditions	100	2	132	6
EAR—Defective Hearing	18	4	24	3
Otitis Media	17	—	24	2
Other Conditions	75	2	108	10
NOSE AND THROAT—				
Enlarged Tonsils	2	—	2	1
Adenoids	1	1	1	—
Tonsils and Adenoids	5	—	5	—
Other	43	2	52	4
ENLARGED CERVICAL GLANDS	15	—	19	3
DEFECTIVE SPEECH	10	—	10	1
DEFECTIVE TEETH	6	—	6	—
HEART DISEASE—Organic	—	—	—	—
Insignificant	4	—	4	—
LUNGS—Bronchitis	1	—	1	—
Other (Non T.B.)	33	1	37	8
NERVOUS SYSTEM—Epilepsy	—	—	—	—
Other conditions	81	4	101	7
DEFORMITIES —Pes Planus	8	—	8	—
Other Conditions	37	—	41	5
OTHER DEFECTS AND DISEASES	733	36	822	29
TOTAL	2287	86	4272	201
AVERAGE ATTENDANCE PER CLINIC ...	7.57	0.28	14.15	0.67

The numbers attending the school clinic continued to show a decline and there was also a decline in the average numbers of attendances at the clinic. The main single items for which children attended the clinic were for uncleanliness and warts and verrucae. The main conditions causing attendance were various skin conditions and minor injuries.

OPHTHALMIC CLINIC.

Number of Clinics held 123

Defect or Disease	New Cases	No. of these referred from S.M.I.	Total Attendances	Referred elsewhere for treatment
EYE				
Blepharitis	8	—	8	1
Conjunctivitis	—	—	—	—
Defective Vision	1059	191	1066	—
Squint	276	18	289	4
Other Conditions	97	16	98	1
TOTAL	1440	225	1461	6
AVERAGE ATTENDANCE PER CLINIC ...	11.71	1.83	11.88	0.05

The attendance at this clinic remained more or less constant. The number of cases referred in respect of defective vision showed some increase on the previous year. The number has in fact increased gradually over the last six years at least, as will be seen in the Table on page (10), section (d).

DISEASES OF THE EAR, NOSE AND THROAT

Number of Clinics held 10

Defect or Disease	New Cases	No. of these referred from SMI.	Total Attendances	Referred to Royal Infirmary, Huddersfield for:—		
				Operation	X-ray	Other
EAR :						
Defective Hearing ...	1	1	1	1	—	—
Otitis Media	8	6	8	—	—	1
Other Conditions ...	3	2	3	—	—	—
NOSE AND THROAT :						
Enlarged Tonsils ...	17	11	18	18	—	—
Tonsils and Adenoids	6	3	6	5	—	—
Other Conditions ...	8	6	8	—	1	—
TOTAL	43	29	44	24	1	1
AVERAGE ATTENDANCE PER CLINIC	4.30	2.90	4.40	2.40	0.10	0.10

The number of attendances at the Ear, Nose and Throat clinic showed a decline as against the previous year. Cases of enlarged tonsils showed an increase but this was off-set by the declining numbers attending for most of the other conditions.

ORTHOPAEDIC CLINIC.

Number of Clinics held 51

	Type of Defect	New Cases	No. referred from S.M.I.	Total Attendances
Congenital:	Dislocation of Hips	2	—	11
	Club Feet	2	—	15
	Cerebral Palsy	1	—	12
	Spina Bifida	2	1	9
	Undifferentiated	7	—	72
Acquired:	Anterior Poliomyelitis	2	1	46
	Other paresis of limbs	—	—	—
	Tuberculosis : Bone	—	—	2
	Joint	—	—	3
	Postural deformities :			
	Pes Cavus	1	—	16
	Pes Planus	10	1	67
	Poor Posture	5	1	33
	Scoliosis	1	—	13
	Genu Valgum	20	2	96
	Genu Varum	14	1	25
	Deformity of Chest	8	7	35
	Birth Injury :			
	Spastic Hemiplegia	—	—	15
	Torticollis	—	—	5
	Other	1	—	1
	Perthe's Disease	—	—	7
	Osteochondritis	—	—	4
	Osteomyelitis... ..	—	—	7
	Accident... ..	6	—	13
	Other	232	75	866
	Total	314	89	1373
	Average attendance per Clinic ...	6.16	1.74	26.92

Number of children recommended In-patient treatment ... 42
 Out-patient treatment (Massage and Exercises) 14
 Number of children referred for X-ray 88
 Number of children recommended new appliances or alterations
 to old appliances 40
 Number of children recommended other treatment 25

IMMUNISATION CLINIC

Immunisation clinics were held as usual during the year. The following figures show the number of children dealt with :—

Number of Schick Tests carried out	...	...	...	1
Number of these positive...	...	...	...	1
Number of school children immunised against :—				
Diphtheria	...	...	...	1161
Diphtheria and Pertussis combined	...	...	...	388
Pertussis	...	...	...	13

At the end of 1957 it was estimated that 97.50% of the children between the ages of five and fourteen, and 64.03% of the children between the ages of one and four, and 3.79% of the children under one year, had received this protection against Diphtheria.

MEDICAL EXAMINATIONS

72 medical examinations for the purpose of completing Forms 10R (Med), 4 R.T.C., and 28 R.Q. were carried out during the year by the School Health Service.

MASS MINIATURE RADIOGRAPHY

Numbers of cases dealt with by the Unit during 1957 for the Education Department were as follows :—

	Total	No. X-rayed	Percentage
Teaching Staff	786	228	29.0
School Meals Staff	420	12	2.9
Caretakers and Assistants etc...	420	8	1.9
School Secretaries and Clerical Assistants	36	7	19.4
Students applying for admission to Training Colleges, etc. ...	—	43	100.0
		<hr/> 298 <hr/>	

INFECTIOUS DISEASES (NOTIFIABLE)

The following table shows the number of cases of infectious diseases as occurring amongst children aged five to fifteen years, notified during the last five years.

	1953	1954	1955	1956	1957
Scarlet Fever	225	113	60	86	112
Measles	220	279	917	108	1239
Whooping Cough	45	85	124	152	8
Dysentery	16	67	541	204	152
Pneumonia	8	6	8	5	12
Tuberculosis—Pulmonary ...	—	8	1	3	1
Non-Pulmonary ...	—	5	1	4	5
Acute Poliomyelitis	1	—	5	1	—
Cerebro Spinal Meningitis ...	—	—	—	—	—
Erysipelas	1	1	—	—	—
Enteric Fever	—	—	—	—	—
Salmonellosis	2	2	—	—	—
Meningococcal Infection	1	—	2	1	—
Para-typhoid	1	—	—	—	—
Food Poisoning	1	2	13	22	7

An epidemic of measles occurred during the year. As will be seen by the figures the disease has maintained its bi-annual swing. Scarlet Fever figures remained low. The manifestations of this disease are now so mild that it is possible that certain cases escape notification to the Health Authority. The main infectious disease occurring during the year was Influenza and comments on this have been made in the preface. 152 cases of dysentery in children of school age were also notified during the year. Fortunately no cases of Diphtheria nor of Poliomyelitis occurred.

HANDICAPPED PUPILS

DEFECT	SPECIAL SCHOOLS	Pupils as- certained during 1957	Total No. now known in Borough 31.12.57	Number at Special Schools 31.12.57
BLIND :		—	3	2
Condover Hall, Shrewsbury	... .. 1			
Royal Normal College, Shrewsbury	... .. 1			
PARTIALLY SIGHTED :		1	6	1
Exhall Grange, Coventry	... .. 1			
DEAF :		—	8	8
Odsal House, Bradford	... .. 4			
Royal School for Deaf, Doncaster	... .. 1			
St. John's, Boston Spa	... .. 1			
School for Deaf, Leeds	... .. 2			
PARTIALLY DEAF :		3	12	12
Odsal House, Bradford	... .. 9			
Yorks School for Deaf, Doncaster	... .. 1			
School for Deaf, Boston Spa	... .. 1			
Bridge House, Harewood	... .. 1			
DELICATE :		2	3	2
Pilgrim's School, Seaford	... .. 1			
St. Catherine's, Ventnor	... .. 1			
EDUCATIONALLY SUBNORMAL :		31	169	146
Woodhouse School, Huddersfield	... 126			
East Hill School, Sheffield	... .. 1			
Crowthorne, Bolton	... .. 6			
Etton Pasture, Nr. Beverley	... .. 6			
Besford Court, Nr. Worcester	... .. 2			
Royd Edge, Meltham	... .. 2			
Allerton Priory R.C. School	... .. 1			
St. Francis School, Birmingham...	... .. 1			
Farney Close, Bolney	... .. 1			
		1	4	3
EPILEPTIC :				
Colthurst House, Alderley Edge	... .. 2			
Lingfield Epileptic Colony	... .. 1			
E.S.N. & PHYSICALLY HANDICAPPED :		1	5	3
Odsal House, Bradford	... .. 1			
Bridge House, Harewood...	... .. 1			
Hawksworth Hall	... .. 1			
E.S.N. & MALADJUSTED :		—	1	1
Fyling Hall, Whitby	... .. 1			
MALADJUSTED :		2	4	2
St. Peter's, Horbury	... .. 2			
PHYSICALLY HANDICAPPED :		2	19	13
Ian Tetley Home, Harrogate	... .. 1			
Heritage Craft, Chailey	... .. 2			
Holly Bank, Huddersfield	... .. 6			
Shaftesbury House, Littlehampton	... .. 1			
Welburn Hall, Kirbymoorside	... .. 2			
Derwen Cripples Training College	... .. 1			
TOTAL		43	234	193

HANDICAPPED PUPILS

During 1957, 109 children were referred for special examination by the School Medical Officers, in order to ascertain whether they were educationally subnormal, or had a more severe mental handicap. The results of such examinations were as follows :—

Educationally Subnormal :—

requiring education in a special school	31
-----------------------------------------	-----	-----	-----	----

No disability of mind :—

considered suitable for education in an ordinary school...	60
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Mentally Deficient :—

Notified to Mental Deficiency Committee under Sub-section 3 of Section 57 of the Education Act, 1944	...	10
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Feeble Minded	...	—
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Imbecile	...	6
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Idiot	...	4
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Notified to Mental Deficiency Committee under Sub-section 5 for Section 57 of the Education Act 1944	...	6
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Feeble Minded	...	6
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REPORT ON SCHOOL MEALS SERVICE

Total number of meals served during 1957	1,687,599
Average number of meals per day	...	...	8,790
Approximate number of children taking school meals	...	8,298	
Approximate number of children taking school milk	...	13,663	
Average number of children on roll	...	...	18,224
Average % children taking school meals	...	...	45.5
Average % of children taking school milk	...	...	74.9

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1957.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A. PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and number of pupils examined in each.

Entrants—Primary Schools	...	...	...	1517
Leavers—Primary Schools	...	...	...	1033
Leavers—Selective Secondary Schools	...	...	...	773
			Total	3323
Additional Periodic Inspections	...	...	...	2373
			Grand Total	5696

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	6927
Number of Re-inspections	...	...	...	1872
			Total	8799

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical
Inspection to require treatment (excluding Dental Diseases
and Infestation with Vermin).

Age Groups Inspected (1)	For Defective vision (excluding Squint) (2)	For any of the other conditions recorded in Table 111 (3)	Total Individual Pupils (4)
Entrants—Primary Schools ...	42	279	296
Leavers—Primary Schools ...	183	164	309
Leavers—Sel. Secondary Schools ...	213	80	270
Total ...	438	523	875
Additional Periodic Inspections ...	407	384	697
GRAND TOTAL ...	845	907	1572

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF
PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE IA.

Age Groups Inspected	Number of pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants-Primary... ..	1517	1510	99.54	7	0.46
Leavers-Primary & S.M. ...	1033	1031	99.81	2	0.19
Leavers-Sel. Secondary ...	773	772	99.87	1	0.13
Additional Periodic Inspections ...	2373	2367	99.75	6	0.25
TOTAL	5696	5680	99.72	16	0.28

TABLE II.
INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	39,947
(ii)	Total number of individual pupils found to be infested	1,655
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	NIL.
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	NIL.

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1957.

A. PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	18	15	44	17	93	55
5	Eyes—a. Vision	42	5	396	28	845	114
	b. Squint	46	9	14	2	94	19
	c. Other	3	4	6	—	24	9
6	Ears—a. Hearing	2	19	9	3	27	32
	b. Otitis Media	8	11	2	2	18	27
	c. Other	4	1	4	2	13	7
7	Nose and Throat	54	73	9	11	99	122
8	Speech	14	13	1	1	22	23
9	Lymphatic Glands	4	28	1	2	7	49
10	Heart	—	17	6	16	7	64
11	Lungs	13	17	4	11	26	50
12	Developmental—						
	a. Hernia	1	6	—	1	6	11
	b. Other	3	65	8	7	34	126
13	Orthopaedic—						
	a. Posture	8	5	2	11	35	28
	b. Feet	14	8	31	26	74	46
	c. Other	76	33	90	26	273	105
14	Nervous System—						
	a. Epilepsy	—	—	3	—	3	3
	b. Other	26	23	5	8	46	69
15	Psychological—						
	a. Development	7	5	19	5	53	10
	b. Stability	7	5	5	1	17	9
16	Abdomen	4	4	—	2	7	12
17	Other... ..	3	12	8	7	34	39

TABLE III.—cont.

B. SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	815	22
5	Eyes— a. Vision b. Squint c. Other	1529 361 220	49 4 9
6	Ears— a. Hearing b. Otitis Media c. Other	27 26 77	14 11 2
7	Nose and Throat	111	103
8	Speech... ..	27	26
9	Lymphatic Glands	20	22
10	Heart	8	67
11	Lungs	52	30
12	Developmental— a. Hernia b. Other	3 18	3 69
13	Orthopaedic— a. Posture b. Feet c. Other	46 33 278	6 4 10
14	Nervous System a. Epilepsy b. Other	4 95	1 43
15	Psychological— a. Development b. Stability	139 11	6 3
16	Abdomen	—	4
17	Other	725	18

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	127	544
Errors of refraction (including squint)	65	3483
TOTAL... ..	192	4027
Number of pupils for whom spectacles were prescribed	—	2923

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE & THROAT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) For diseases of the ear	—	1
(b) for adenoids and chronic tonsillitis	—	223
(c) for other nose and throat conditions	—	—
Received other forms of treatment ...	143	96
TOTAL	143	320
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1957	—	—
(b) in previous years	—	2

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
Number of pupils known to have been treated at Clinics or Out-Patient Depart- ments	686	314

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness).

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	9
Scabies	7
Impetigo	76
Other Skin Diseases	532
TOTAL	624

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	215
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GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	74
-------------------------------------------------------------------------------------------	-----	-----	-----	----

GROUP 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	...	...	...	...	771
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	...	...	37
(d) Other than (a), (b) and (c) above (specify)					
1. Enlarged Cervical Glands	...	...	...	...	17
2. Lungs (non T.B.)	...	...	...	...	43
3. Nervous conditions	...	...	...	...	85
4. Heart—insignificant	...	...	...	...	4
TOTAL (a)—(d)					957

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY

1.	Number of pupils inspected by the Authority's Dental Officers:—						
	(a) At Periodic Inspections	...	...	...	...	2859	
	(b) As Specials	...	...	...	...	2927	
					Total (1)	5786	
2.	Number found to require treatment	...	...	...	...	3771	
3.	Number offered treatment	...	...	...	...	3771	
4.	Number actually treated	...	...	...	...	3314	
5.	Number of attendances made by pupils for treatment including those recorded at heading 11 (h)	...	...	...	...	10475	
6.	Half-days devoted to : Periodic (School) Inspection	...	...	...	...	16	
	Treatment	...	...	...	...	1403	
					Total (6)	1419	
7.	Fillings : Permanent Teeth	...	...	...	...	5733	
	Temporary Teeth	...	...	...	...	282	
					Total (7)	6015	
8.	Number of teeth filled : Permanent teeth	...	...	...	...	5287	
	Temporary teeth	...	...	...	...	249	
					Total (8)	5536	
9.	Extractions : Permanent Teeth	...	...	...	...	1417	
	Temporary Teeth	...	...	...	...	4896	
					Total (9)	6313	
10.	Administration of general anaesthetics for extraction					2466	
11.	Orthodontics :						
	(a) Cases commenced during the year	...	...	...	...	—
	(b) Cases carried forward from previous year...	...	...	...	...	—
	(c) Cases completed during the year	...	...	...	...	—
	(d) Cases discontinued during the year	...	...	...	...	—
	(e) Pupils treated with appliances	...	...	...	...	—
	(f) Removable appliances fitted	...	...	...	...	—
	(g) Fixed appliances fitted	...	...	...	...	—
	(h) Total attendances	...	...	...	...	—
12.	Number of pupils supplied with artificial dentures	...	...	...	...	—
13.	Other operations : Permanent Teeth	...	...	...	...	2767	
	Temporary Teeth	...	...	...	...	—
					Total (13)	2767	

SCHOOL DENTAL SERVICE

*A. B. Shields, L.D.S., R.F.P.S.**Principal School Dental Officer*

The following report has been received from the Principal School Dental Officer :—

During the latter half of the year under review, the addition to the dental staff of a part-time dental officer, employed on a sessional basis, and fulfilling three sessions each week, was indeed welcome.

The full-time dental staff was unchanged, and remained as in the previous year, at two permanent full-time dental officers, one temporary full-time dental officer, and three dental attendant/clerks. As the permitted establishment of the school dental service is five full-time dental officers it will be apparent that there are vacancies for two full-time officers.

This year it has been possible, in addition to the routine emergency treatment and the care of our regular patients, to inspect and provide treatment for pupils attending the Selective Secondary Schools.

Because understaffing had made it impossible to inspect the Selective Schools for some years, it was with apprehension that I approached this examination, expecting to find a rather low standard of dental fitness. Contrary to expectation, it was indeed surprising and encouraging to find that the majority of the pupils had, in the meantime, made arrangements with practitioners of the General Dental Service, and were having regular treatment.

To illustrate this finding by figures obtained, it can be stated that of a total of 1747 pupils inspected, 1310 were having regular treatment outside the school dental service. As the remaining pupils, who accepted treatment, were made dentally fit by the School Dental Service it is certain that a very high standard of dental fitness will be the good fortune of pupils attending the Selective Secondary Schools.

Such a result exemplifies what can be achieved by the co-operation of the General and School Dental Services, and much credit must be given to those dental practitioners outside the School Dental Service who devote so much of their operating time to the care of children.

From what has been said two encouraging trends are noted :—

1. Parents and pupils are becoming more fully conscious of the real value of good dental health in relation to good general health.
2. Many dental surgeons employed in the General Dental Service are now realising the importance of a high standard of dental fitness among children. It is accepted that failure to maintain good dental health in the younger generation can only lead to the ultimate disintegration of all the dental services as a whole.

Following the completion of the treatment of pupils attending the Selective Secondary Schools, it is intended to find out to what extent dental decay is present among children in the Infant departments of the schools, and to determine the incidence of dental decay of school entrants admitted since last September.

If reports from other parts of the country are accepted, then we must expect a much lower standard of dental fitness among infants than was observed in the Selective Secondary and Secondary Modern Schools.

As I have mentioned in previous reports, the influence of a war-time diet, with all its restrictions and controls, on the development of the teeth of children born during the war years, and now pupils at the Secondary Schools, was extremely beneficial, resulting in the teeth of a reasonably good quality, and a structure more resistant to dental decay than we are likely to see in children of the lower age groups.

It is an accepted fact to-day that a regulated diet is a major factor in the control of dental disease, and provided attention is given to maintaining a good standard of oral hygiene, there is every reason to believe that, by a combination of a suitable diet and the conscientious practice of oral hygiene, a much improved standard of dental health can be achieved.

That is why we, in this department, emphasise the necessity to practise every preventive measure available to us, and by means of Dental Health Education to instruct both parent and child to accept an organised routine which would result in a raising of the standard of the child's dental wellbeing.

In future years Dental Health Education will occupy a very important place in the School Dental Service, because with a rapidly diminishing dental profession, and a high incidence of dental disease, it will be the only approach remaining which would enable dental disease to be controlled, thereby allowing a diminished dental manpower to cope with a lower incidence of dental disease.

CHILD GUIDANCE CLINIC

The work of the clinic has continued during the year. The Psychiatric Social Worker, Mr. Dillon, ceased duty with the Authority on the same day that I took up duties.

The Authority was without a Psychiatric Social Worker for some time, until Miss R. E. Reynolds commenced duties in September. The Educational Psychologist, Mr. D. Juniper, obtained a post with the County Borough of West Bromwich and resigned in Oct., 1957, although he does not finish duties until after the end of the year. Mr Juniper has been with the Huddersfield Education Authority for just over four years.

Mr. F. Brook, the Speech Therapist, also resigned during 1957 and ceased duties in May. So far it has been found impossible to replace him.

Doctor Turgel, the Consultant Psychiatrist, has made the following comments on statistics contained in Table I. on page 37.

“Diagnostic categories have been supplemented by a classification of aetiological factors which seems essential in view of the fact that the course of treatment and the prognosis of a case is largely determined by its causes.

It must be emphasised, however, that both classifications are necessarily simplified and do not do full justice to individual cases. As we know, every disorder or disturbance in a child is the result of the interaction of inherent and environmental factors, and even where the primary causes of the child's maladjustment are constitutional instability, temperamental abnormalities, or organic defects—environmental conditions, through their interplay with the child's impulses and behaviour pattern, are of importance in the origin and strength of the child's disorder. On the other hand, primarily faulty relationships or a very inadequate environment, or even a severe trauma call out the strongest reactions in the hypersensitive or unstable child.

Where family relationships are unsatisfactory in a more subtle sense, conflicts arise in the child's mind which lead to neurotic or psychosomatic disorders, or sometimes to delinquent manifestations.

Most children present more than one symptom; e.g. bed wetting was recorded this year thirteen times; but it occurred as an isolated symptom in five cases only. Five times it was associated with behaviour problems, once with delinquency, once with general immaturity and once with nervous symptoms.

The children were treated individually, or in play groups, according to type and suitability”.

The following is the final report of Mr. Juniper, the Educational Psychologist, submitted before he left the Authority's service in February 1958. As it is Mr. Juniper's last report and contains many suggestions as a result of his service, it has been included verbatim.

"The year 1957 was a successful one from the point of view of diagnostics and treatment at the Child Guidance Clinic. Therapy on a group basis which was started after the appointment of Doctor Turgel in September, 1956, fully developed during the year, and the weekly treatment statistics stood at approximately 40, with the Educational Psychologist carrying a proportion of these.

Remedial reading was also successfully continued in seven areas, and the total 40 children, reading adjusted, for the year, speaks for the efforts which the remedial teachers put in at their respective centres.

The clinic suffered a loss in May through the resignation of Mr. Franklin Brook, who had acted first in a full, and latterly in a part-time capacity, as Speech Therapist, since 1948. Mr Brook has been a valued adviser, and friend, to successive Psychiatrist, Psychologists and Psychiatric Social Workers. His work in his own field which he never allowed to remain isolated from the general therapy of the clinic, maintained a consistently high standard. His book, "Stammering and its Treatment", was published in December, and we are glad to be associated with an original writer in the field of Speech Therapeutics. Up to the time of writing no replacement has been found for the post of Speech Therapist.

We were fortunate in securing the services of Miss Rosemary Reynolds as Psychiatric Social Worker in succession to Mr. Dillon who left us for the Oxford Child Guidance Clinic in February. He had brought to his work with us the benefits of wide experience in a school for maladjusted children. Miss Reynolds comes to us from the Hull Children's Department where she has made a special study of deprivation in children, and these interests make her a valuable member of the clinic team.

In October, the Educational Psychologist, Mr. Dean Juniper, resigned his post to take up a similar one with the West Bromwich Education Committee.

Three possible developmental innovations are recommended and their clinical implications have been discussed at clinic case conferences—first and most important of these is the establishment of a Hostel for Maladjusted Children, preferably in the Borough, to be run in conjunction with other interested Authorities. The need for this Hostel has grown more acute since the volume of referrals, as indicated in the statistics, has increased, and the placement of children who cannot benefit from psychotherapy without considerable alteration of their environment, has become a large and growing problem. It is to be hoped that it will be seen as one of extreme urgency.

A second developmental proposal is the establishment of a Social Agency Index. One of the more difficult aspects of Child Guidance work centres around negotiation with, and co-ordination of different Departments concerned in cases referred, and it is our experience that referring agencies are often unaware that cases they refer, have had previous contacts with other departments. I therefore, recommend the establishment of a Case Register Index which will involve, of course, the creation of a bank of previous contacts arranged chronologically, on a card index basis. With this bank set up, all agencies in the project will notify names and addresses of

current case contacts. Each will then receive for every new case notified, an abbreviated, dated list of all known previous Social Agency Contacts. It is hoped that this index will isolate the parent who attempts to play one department off against another, and give us a rapid check on other approaches.

I have been studying the discussions on the proposals of the Royal Commission on Mental Health, and feel that comments on several of these are worth making. Particular interest lies in the relationship between the Education and the Health Departments of the problem on ineducability. It is not sufficient to set an I.Q. cut-off point, or even an educational cut-off point for exclusion from the Special School, and notification to the Health Authority as ineducable. The continuum of ineducability to educability is a constant dimension and cannot be split in this manner. I feel there should be a widening of scope both of the Special School and of the Occupation Centre in order to cater educationally for children falling into marginal categories. Problems of educability are not definitional, i.e., abilities may be so scattered within one personality that he or she does not fall neatly into a single category, and it is a grave error in marginal cases to attempt this process of categorising.

In the wider field of Mental Health I support the recommendation for the establishment of diagnostic and consultative clinics for adults. In our work we meet considerable numbers of disturbed parents who are inadequately provided for by the present general practitioner/out-patient/in-patient structure. They require fully staffed, partially direct contact Psychiatric Centres where immediate diagnostics can be given and therapy on group or individual lines carried out. It would seem that those best suited to administer this scheme would be the local Health Authorities whose adult therapeutic work is still operating under severe limitations, and should be developed.

In closing, the clinic would like to thank all referring agencies and schools for their co-operation and help during the past year."

TABLE I,
ANALYSIS OF 73 CHILDREN (50 boys and 23 girls) TREATED
BY PSYCHIATRIST. CLASSIFICATION ACCORDING TO
PREDOMINANT SYMPTOM

	C/frd. from 1956		Admitted in 1957		Total
	Boys	Girls	Boys	Girls	
1. Delinquency :... .. (lying, stealing, house-breaking truancy, sex misdemeanour including Court cases).	3	—	4	2	9
2. Behaviour disorders : ... (out of-control, aggressive, negativistic).	2	3	17	5	27
3. Psychosomatic disorders : ... (functional pains, asthma, migraine, enuresis, soiling).	3	2	7	3	15
4. Nervous or neurotic manifest- ations :... .. (anxiety states, hysterical conditions, nervous tics).	2	1	4	2	9
5. Tension habits : (stammer, nail-biting, com- pulsive masturbation).	—	1	1	—	2
6. Personality Disorders : ... inadequate personalities (in- cluding one psychotic	2	2	2	—	6
7. Educational backwardness and/ or general immaturity : ...	—	1	3	1	5
	12	10	38	13	73

CLASSIFICATION ACCORDING TO AETIOLOGY

1. Primarily in the Child

(a) Organic defects or disorders of the Central Nervous Sys- tem : (including epilepsy and spas- tic conditions.	1	1	3	—	5
(b) General Immaturity and/or Intellectual Retardation ... (including feeble-mindedness)	—	—	1	2	3
(c) Emotional Instability or Temperamental Abnormal- ities : (including schizoid and psy- chopathic personalities)	5	3	12	2	22
(d) Emotional reactive processes					
1. Mental Conflicts ...	3	5	6	5	19
2. Anti-social character for- mation	—	—	1	1	2
3. Traumatic experiences, including early separation	1	—	5	1	7

2. Primarily in the Environment

(a) Faulty family relationships	2	—	6	1	9
(b) Inadequate environment ...	—	1	3	—	4
(c) School	—	—	1	1	2
	12	10	38	13	73

3.	Admitted in 1957	...	...	...	...	...	51 children
	Brought forward from 1956	...	...	...	...	...	22 „
	Closed in 1957	...	...	...	...	...	29 „
	Carried forward into 1958	...	...	...	...	...	44 „
4.	Status on Closure :						
	Seen for diagnosis (1-3 interviews)	...	...	...	...	...	7 children
	Improved	...	...	...	...	...	10 „
	Very much improved	...	...	...	...	...	4 „
	Not improved	...	...	...	...	...	1 boy
	Discontinued :						
	(a) Lack of co-operation	...	...	...	...	...	2 children
	(b) Placed in Boarding School, Approved School or Hostel	...	...	...	...	...	4 „
	(c) Moved to other districts	...	...	...	...	...	1 girl
5.	Distribution of intelligence :						
	I.Q. 65 or under	...	...	...	...	...	4
	66 — 75	...	...	...	...	...	1
	76 — 85	...	...	...	...	...	5
	86 — 95	...	...	...	...	...	10
	96 — 105	...	...	...	...	...	18
	106 — 115	...	...	...	...	...	15
	116 — 125	...	...	...	...	...	15
	126 — 135	...	...	...	...	...	5
							13.8%
							58.8%
							27.4%

YEARLY STATISTICS—1957

Educational Psychologist

Cases brought forward	...	...	...	...	...	...	71
New Cases	...	...	...	...	...	...	144
Cases Closed	...	...	...	...	...	...	88
Cases carried forward	...	...	...	...	...	...	127

TYPE OF PROBLEM FOR WHICH NEW CASES WERE REFERRED :—

Behaviour disorders (truancy, delinquency, tempers, etc.) ... 71

Personality disorders (fear, anxiety, moodiness, etc). ... 29

Educational :—

(a) diagnosis and/or advice ... 1

(b) Backwardness or retardation ... 27

Vocational Guidance ... 1

Others—(re-opened, etc.) ... 10

Psycho-somatic (enuresis, asthma, etc.) ... 5

SOURCE OF REFERRAL OF NEW CASES :—

Principal School Medical Officer	...	...	...	...	...	...	114
Chief Education Officer	...	...	...	...	...	...	11
General Practitioner	...	...	...	...	...	...	10
Probation	...	...	...	...	...	...	1
School	...	...	...	...	...	...	2
Parents	...	...	...	...	...	...	5
Speech Therapist	...	...	...	...	...	...	1

REASONS FOR CLOSURE OF CASES :—

IMPROVED :—

(a) through treatment of child	...	...	...	...	11
(b) Parent guidance only	...	...	...	...	2
(c) Through environmental changes	...	...	...	...	—
(d) Before treatment started	...	...	...	...	7
Diagnosis and advice only	...	...	...	...	11
Parents did not wish to proceed	(a) before diagnosis	...	...	...	10
	(b) while on observation	...	...	...	3
	(c) during treatment	...	...	...	9
Referred to other agencies (Children's Officer, Special School, Psychiatrist, P.S.M.O., Speech Therapist, etc.)	...	...	...	...	25
Stationary	...	...	...	...	—
Not attended or poor attendance	...	...	...	...	3
Unsuitable for treatment	...	...	...	...	5
Deceased...	...	...	...	...	1
Left the district	...	...	...	...	1

NUMBER OF INTERVIEWS AND OTHER ACTIVITIES

	Educational Psychologist (Full time)	Combined Psychiatric Social Worker (Full time)	Psychiatrist (Part time)
With Children	481	15	805
Appointments not kept	123	3	135
With Parents			
At home	—	64	—
At Centre	14	180	68
Appointments not kept	3	7	9
School Visits	171	7	3
Lectures	4	—	—
Other Activities			
Probation Officer	37	17	12
Head Teachers			
Liaison Officer's Committee			
Liaison Officer			
Superintendent Welfare Officer			
Youth Employment Sub-Committee			
Principal School Medical Officer			
Chief Education Officer			
A.P.S.W. meetings			

REMEDIAL READING :—

Adjusted	...	...	...	...	40
Not suitable for treatment	...	...	...	...	5
Moved from area	...	...	...	...	9
Centre Closed	...	...	...	...	1

REPORT OF THE ORGANISER OF PHYSICAL EDUCATION

INTRODUCTION

Physical Education continues to show some progress in all its phases, but the progress is still restricted by the lack of recruitment of trained specialists in the secondary modern schools and teachers with an adequate background of the subject in junior schools.

The non-specialists in the secondary modern schools upon whom the burden of physical education falls have done an admirable job in maintaining the standard which has been established.

ACTIVITIES IN THE SCHOOLS

PHYSICAL TRAINING

Whilst prevailing conditions continue to govern the type of activity undertaken in the schools, and those schools with gymnasium facilities are able to embrace a comprehensive programme, there are some secondary modern schools which must depend on portable apparatus in school halls. The gymnasia in two new secondary modern schools came into use during the year, and the alterations at Mount Pleasant County Secondary School will ensure that this school will have gymnasium facilities which will compare quite favourably with those schools occupying new buildings.

Changing for the physical education lesson has become an established fact and the provision of shoes and shorts has proved a useful adjunct in establishing the correct attitude to physical activity and is the practical application of training in health education.

ORGANISED GAMES

Rugby shares popularity with association football as the winter game for boys, and netball with hockey for girls. As more hockey pitches will be coming into use for the secondary modern schools, it is hoped that this game will prove to be a popular winter game for girls.

Cricket as a summer game is hampered by lack of level and true wickets, and here again the new fields will provide a stimulus. Rounders has maintained its popularity as a summer game for the girls, but the introduction of tennis will soon present a strong challenge to rounders as more tennis courts become available. Two secondary modern schools had full use of their tennis courts during the year.

Considerable progress has been made throughout the year in athletics, and there is a growing interest in the schools in the less common events such as javelin, discus, shot and hurdling.

SWIMMING

There has been remarkable progress in this aspect of physical education, and the total number of attendances at the Ramsden Street and Cambridge Road Baths has reached the record figure of 102,474—an increase of 5,885 on the previous year.

The opening of the large pool at Cambridge Road Baths during the winter months has increased the facilities and allowed the schools to use the small pool exclusively. An additional Swimming Instructor was appointed to undertake the extra periods of instruction which became available at the large pool.

The swimming tests were revised this year and a more advanced standard has been established. An 880 yards distant certificate was introduced and 1,088 children obtained this certificate during the year.

Borough Swimming Awards

Learners	1,295
Elementary	855
Intermediate	113
880 yards	1,088
Proficiency	17

3,368

Royal Life Saving Society Awards

Intermediate	209
Bronze Medallion	137
Bronze Cross	15
Bronze Bar	3
School Instructors	2
Instructors	10
Award of Merit	2
Distinction	2

380

PLAYING FIELDS

This year has seen the preparation or rehabilitation of approximately 24 acres of playing field. Eight acres came into use at Almondbury County Junior School and Lindley Voluntary School, whilst twelve acres at Rawthorpe County Secondary School and four acres at Milnsbridge County Secondary School will be added early in 1958. Half of the acreage of the playing fields at the Salendine Nook site has been ploughed and will be seeded in the Spring of 1958; the whole playing field area will not be available until 1961.

Work on the rehabilitation of Almondbury Grammar School field has commenced and the ground has been prepared for ploughing and seeding in March, 1958. The new tennis courts at Greenhead High School should be ready for Easter, 1958. Longley Hall Secondary Technical School field has been completed and will come into use in the near future.

Some of the schools without playing fields of their own continue to make good use of the Leeds Road Playing Fields, and 6,680 attendances were made during the year. Here it might be appropriate to thank the Parks Organisation for its wholehearted co-operation during the year.

Other schools made use of Moor End playing fields (which is still being damaged by trespassers and cannot be adequately rehabilitated until railings are erected). Jim Lane Field and Clayton Fields, which, though not ideal, do constitute playing areas.

SCHOOL GARDENS

The plan to improve School Gardens which was commenced in 1956 has continued. The gardens at Longley Hall are nearly finished, those in front of Deighton County Junior School have been completed, and alterations at Almondbury County Junior School gardens are still continuing. A further two acres of gardens came under the care of the department during the year, bringing the total area to approximately 17 acres.

OUT OF SCHOOL ACTIVITIES

The scope of these activities is growing continuously and the voluntary work of teachers in this connection deserves the highest commendation. There seems to be a reluctance on the part of young

teachers entering the service to offer their services for the administrative posts in the Huddersfield Schools' Sports Association. This is to be regretted, as the few willing workers already holding positions in the Association are often saddled with more than their share of work. The Huddersfield Schools' Athletics Association is responsible for the organisation of the greater part of these activities, which include association football, netball, rounders, cricket, athletics and swimming. Rugby football in the junior and secondary modern schools is organised by the Huddersfield Schools' Amateur Rugby League. Huddersfield New College, which plays Rugby Union and Association Football, arrange its own fixtures with neighbouring West Riding Grammar Schools.

The Association lost the valuable services of its Secretary, Mr. H. E. Boden, who resigned on taking up an appointment as Headmaster in Lancashire. Mr. D. G. Sykes has offered his services as his successor, and I wish him every success.

ASSOCIATION FOOTBALL

Under the able secretaryship of Mr. S. Broadhead, this section has had another successful season. Twenty three schools were in membership, and from these thirty teams were placed in four leagues, which meant that over three hundred boys took part in Saturday morning games.

Some success was achieved by the Town Team in the "Wylie" Shield, but it was defeated by a very strong Sheffield team in the English Schools' Shield, though the standard of both football and sportsmanship was of the highest.

CRICKET

The cricket section's activities were restricted by inclement weather and some schools were unable to complete their fixtures.

Ten schools entered the Marshall Challenge Shield, and the final was played at the Paddock Cricket Club's ground. The Town Boy's Cricket Team played two games against Oldham and were successful on each occasion.

Thanks are due to Mr. F. Bell for his services as secretary of the Town Team and to Mr. E. Chambers, as secretary of the Cricket Section.

ATHLETICS

The annual School's Athletics meeting was held at Rawthorpe Recreation Ground, and a good standard was achieved in both track and field events. All the Secondary Modern Schools were represented and Milnsbridge County Secondary School are to be congratulated on winning both boys' and girls' shields, and in consequence, the combined shield as well. Paddock County School won the cup which is awarded to the smaller schools.

The Yorkshire Schools' Athletics meeting was held at Keighley where Huddersfield again put up a creditable performance which resulted in one boy competing in the National Athletic Championships where he gained second place in the High Jump.

Mrs. M. Senior, who volunteered to act as secretary for the season, carried out her duties excellently.

SWIMMING

This has been a year of very great progress for the Swimming Association. Three highly successful galas were held at the Cambridge Road Baths, and Huddersfield easily won the "Tetley" trophy at the Yorkshire Minor "A" Gala held in Huddersfield in July. Four Huddersfield children gained their Yorkshire Team colours in representing the County in a swimming match with Lancashire at Rochdale. Two of these are to be congratulated for their fine performance when they represented Division 3 (Yorkshire and Lincolnshire) in the English Schools' Swimming Association Championships at Bournemouth.

In October, when the small pool at the Cambridge Road Baths became available for the sole use of the schools, five sessions were arranged after normal school hours to provide extra training classes of an advanced nature. This advance training scheme has done much to improve the standard of swimming throughout the Borough.

RUGBY.

The Schools' Amateur Rugby League of which Mr. T. Armitage again acted as the industrious secretary, had a successful season. There were 19 teams which played in 3 leagues, 6 in the 13-15 years of age, 6 in the 11-13 years of age, and 7 teams from junior schools.

The Town Team took part in the County competitions, the under thirteen section winning all its matches. Two boys gained County Honours.

NETBALL

There were three leagues arranged this year, a senior league with ten schools taking part, a junior league with eight schools, and a third league of senior teams provided friendly matches in which five schools took part.

The final matches of the junior and senior leagues were held at Deighton where Rawthorpe County Secondary School won both trophies.

Miss C. Richardson worked hard as secretary to make the section a successful one.

ROUNDERS

This section continued its summer activities successfully despite the inclement weather. There were three leagues, 27 teams taking part, providing games for 270 children. An innovation this year was the introduction of a tournament for the secondary schools from which Deighton emerged as the winners. Considerable enthusiasm was shown amongst the junior children this year. Miss D. Bell again acted as the secretary and is to be thanked for her work.

CAMPING

More interest was shown this year in camping activities. One school organised a week's standing camp, and two schools had parties undertaking lightweight camping on the continent, one in Southern France and one in Yugoslavia. Excellent use was made of the Committee's equipment.

PHYSICAL EDUCATION IN YOUTH SERVICE

Physical education continues to flourish in the Civic Youth Clubs. There has been some improvement in the boys' activities, but the girls' work is still hampered by the lack of specialists in physical education.

Most phases of physical education were covered, with association football, rugby and netball training, gymnastics, folk-dancing, boxing and wrestling forming a large part of the clubs' activities. A central swimming group was inaugurated in October and met on 2 nights a week. Tennis, too, is being encouraged in the clubs now that more facilities for playing have become available.

A refresher course for men teachers of physical training was held at Rawthorpe County Secondary School, and a similar one for women at Greenhead High School. These proved so valuable that it is hoped to have them continued in 1958.

Other activities undertaken during the year by the Huddersfield Youth Committee were :—

1. The Huddersfield Youth Cross Country Championships at Highfields in April.
2. The Huddersfield Youth Athletic Sports Championships at Leeds Road Playing Fields in June.
3. The weekly fixtures of the Youth Netball League.
4. The Huddersfield Youth Swimming Gala at Cambridge Road Baths in September.
5. The training course in physical activities at Lilleshall, Shropshire, in September.
6. A triangular netball rally with Halifax and Wakefield at Longley Hall Secondary Technical School in July.

The Huddersfield Youth Clubs also took part in the following Yorkshire Youth Sports' Associations' activities :—

1. The Badminton Competition at Halifax.
2. The Cross-Country Championships at Barnsley.
3. The Athletics Sports at Rotherham in June.
4. The Swimming Gala in Leeds during September, where the Huddersfield Youth Team won the Vernon Dunk Trophy.
5. Netball Tournament at Bradford in June.

Thanks are again due to Mr. D. Swann, the Youth Officer, and his willing band of Youth Leaders for their untiring efforts in creating enthusiasm for physical education amongst the Civic Youth Clubs, and for their close co-operation with this department at all times.

CONCLUSION

In concluding this report I would like to express my appreciation of the generous help received from the Chief Education Officer and his personal staff and the helpful and willing co-operation of the official staff.

The year has also seen a further strengthening of the friendly co-operation between the Huddersfield Teachers and this department.

The encouragement given by the Education Committee to physical education is a stimulus at all times.

